

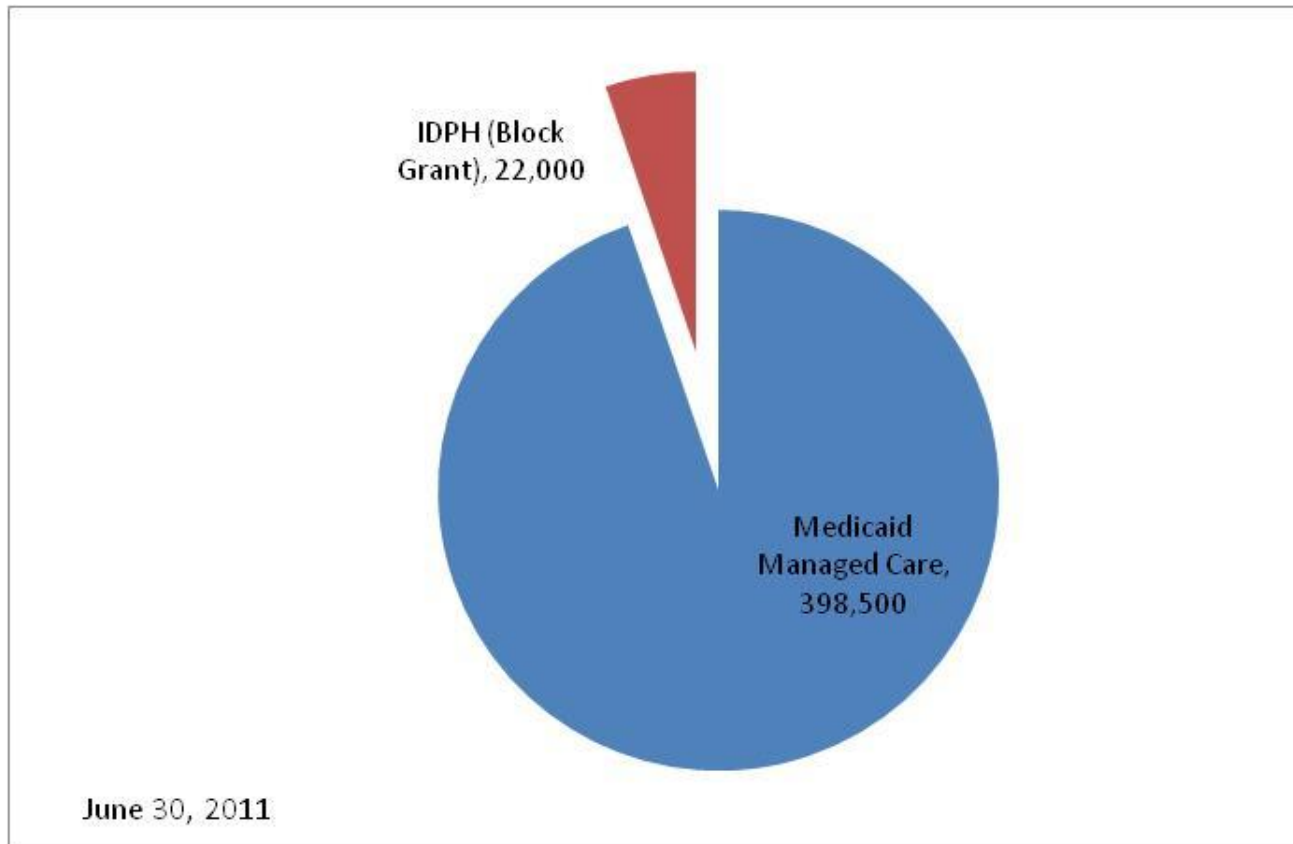
Iowa Plan for Behavioral Health



Iowa Plan Priorities

- Continue expansion of recovery and rehabilitation services
 - Coordinate services for those with co-occurring conditions
 - Reduce readmission rates
 - Improve services for children and families – work with PMICs
 - Provide Services to Enrollees aged 65 and older in the Iowa Plan
 - Coordinate with other state and local agency efforts
 - Expand measurement of outcomes
 - Continuous quality improvement
 - Integrate Clinical with BHIS Services
 - Increase credentialing standards for BHIS Providers
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Overview of Membership



DHS - Medicaid Enrollees

■ Iowa Plan Enrolled

- ❑ Age 65+ population (population added in 2010)
- ❑ FMAP children and adults
- ❑ SSI children and adults
- ❑ Dual Eligible -- Medicare and Medicaid
- ❑ Children in a foster care placement

■ Not Enrolled

- ❑ Medically needy with a cash spend-down
- ❑ Persons living at Woodward or Glenwood State Hospital Schools
- ❑ Those whose benefits are limited such as Qualified Medicare Beneficiaries, Presumptive Eligible, illegal aliens

IDPH

- Participants:
 - Up to 200% of poverty
 - Iowa resident
 - Payment of “last resort”
 - Providers are “block granted” for a minimum number of clients
 - Providers at risk
 - Providers selected through an RFP process
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COVERED MENTAL HEALTH DIAGNOSES as defined in the ICD-9-CM

- 290-290.9 Senile and presenile organic psychotic conditions
 - 293-293.9 Transient organic psychotic conditions
 - 294-294.9 Other organic psychotic conditions (chronic)
 - 295-295.9 Schizophrenic disorders
 - 296-296.9 Affective psychoses
 - 297-297.9 Paranoid states
 - 298-298.9 Other non-organic psychoses
 - 299-299.9 Psychoses with origin specific to childhood
 - 300-300.9 Anxiety states
 - 301-301.9 Personality disorders
 - 302-302.9 Sexual deviations and disorders
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COVERED MENTAL HEALTH DIAGNOSES (continued)

- 306-306.9 Physiological malfunction arising from mental factors
 - 307-307.9 Special symptoms or syndromes, not elsewhere classified
 - 308-308.9 Acute reaction to stress
 - 309-309.9 Adjustment reaction
 - 311 Depressive disorder not elsewhere classified
 - 312-312.9 Disturbance of conduct, not elsewhere classified
 - 313-313.9 Disturbance of emotions specific to childhood and adolescence
 - 314-314.9 Attention deficit disorder
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COVERED SUBSTANCE ABUSE DIAGNOSES as defined in the ICD-9-CM

- 291 Alcoholic Psychoses
 - 292 Drug Psychoses
 - 303 Alcohol Dependence Syndrome
 - 304 Drug Dependence
 - 305 Non-Dependent Abuse of Drugs
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Medicaid Member Diagnostic Profile:

Top 5 Inpatient and Outpatient Diagnostic Groups

Inpatient Diagnosis	% of Diagnoses
Depressive Disorders	23.30%
Bipolar Disorders	11.60%
Adjustment Disorders	7.90%
Schizophrenia Disorders	7.70%
Attention-Deficit/Hyperactivity Disorders	7.10%

Outpatient Diagnosis	% of Diagnoses
Depressive Disorders	21.40%
Adjustment Disorders	12.40%
Attention-Deficit/Hyperactivity Disorders	10.50%
Bipolar Disorders	8.30%
Schizophrenia Disorders	6.20%

Mental Health Services

- ambulance services for psychiatric conditions;
- emergency services for psychiatric conditions, available 24 hours per day, 365 days per year;
- inpatient hospital care for psychiatric conditions;
- dual diagnosis mental health and substance abuse treatment provided at the state mental health institute at Mount Pleasant;
- outpatient hospital care for psychiatric conditions, including: intensive outpatient services; individual and group therapy; medication administration; activity therapies (within the milieu of placement, not as a stand-alone service); family counseling; partial hospitalization; day treatment;
- outpatient hospital care for psychiatric conditions, including: intensive outpatient services; individual and group therapy; medication administration; activity therapies (within the milieu of placement, not as a stand-alone service); family counseling; partial hospitalization; day treatment;
- psychiatric physician, advanced registered nurse practitioner services, and physician assistant services including consultations requested for Enrollees receiving treatment for other medical conditions;

Mental Health Services (continued)

- services of a licensed psychologist for testing/evaluation and treatment of mental illness;
 - services in state mental health institutes for Enrollees under the age of 21 or through the age of 22 if the Enrollee is hospitalized prior to the Enrollee's 21st birthday;
 - services in state mental health institutes for Enrollees 65 and over;
 - services provided through a community mental health center, including: services of a psychiatrist; services of a clinical psychologist; services of a licensed social worker; services of a psychiatric nurse; day treatment; • home health services;
 - Targeted Case Management services to Enrollees with chronic mental illness;
 - medication management and counseling by appropriately credentialed professionals such as pharmacists, or physician assistants;
 - medication compliance management;
 - psychiatric nursing services by a home health agency;
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Mental Health Services (continued)

- psychiatric or psychological screenings required subsequent to evaluations for persons applying for admission to nursing homes;
 - mobile crisis services;
 - mobile counseling services;
 - programs of Assertive Community Treatment;
 - mental health services determined necessary subsequent to an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program screening, and
 - second opinion as medically necessary and appropriate for the Enrollee's condition and identified needs from a qualified health care professional within the network or arranged for outside the network at no cost to the Enrollee.
 - Behavioral Health Intervention Services (BHIS) as of July 1, 2011
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Substance Abuse Services

- Outpatient Treatment (ASAM PPC-2R Level I.);
 - Ambulatory Detoxification (ASAM PPC-2R Level I.D.) (Enrollees only);
 - Intensive Outpatient (ASAM PPC-2R Level II.1.);
 - Partial Hospitalization (day treatment) (ASAM PPC-2R Level II.5.);
 - Ambulatory Detoxification (ASAM PPC-2R Level II.D.) (Enrollees only);
 - Clinically Managed Low Intensity Residential Treatment (ASAM PPC-2R Level III.1.);
 - Clinically Managed Residential Detoxification (ASAM PPC-2R Level III.2-D.) (Enrollees only);
 - Clinically Managed Medium Intensity Residential Treatment (ASAM PPC-2R Level III.3.);
 - Clinically Managed High Intensity Residential Treatment (ASAM PPC-2R Level III.5.);
 - Medically Monitored Intensive Inpatient Treatment (ASAM PPC-2R Level III.7.);
 - Medically Monitored Inpatient Detoxification as per ASAM PPC-2R Level III.7-D.) (Enrollees only);
 - Medically Managed Intensive Inpatient Services (ASAM PPC-2R Level IV.) (Enrollees only);
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Substance Abuse Services (continued)

- Medically Managed Inpatient Detoxification (ASAM PPC-2R Level IV-D.) (Enrollees only);
 - detoxification services including such services by a provider licensed under chapter 135B (Enrollees only);
 - PMIC substance abuse services consisting of treatment provided by a substance abuse licensed PMIC and consistent with the nature of care provided by a PMIC as described in Iowa Code chapter 135H (Enrollees only);
 - emergency services for substance abuse conditions available 24 hours a day, seven days a week (Enrollees only);
 - ambulance services for substance abuse conditions (Enrollees only);
 - intake, assessment and diagnosis services, including appropriate physical examinations, urine screening, and all necessary medical testing to determine a substance abuse diagnosis, identification of medical or health problems, and screening for contagious diseases;
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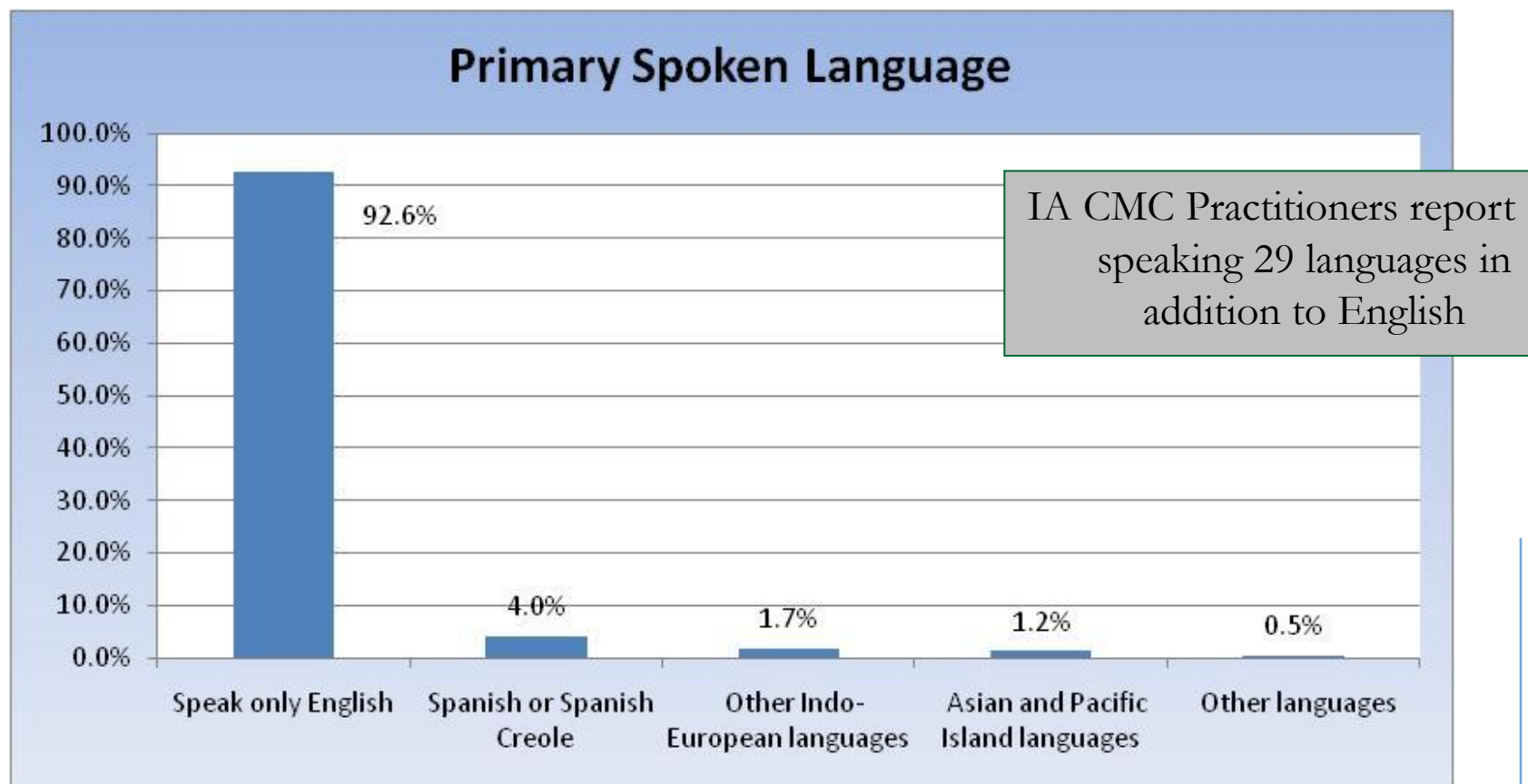
Network Initiatives

- TeleHealth -- Total unique members using telehealth:
 - 2009 = 261
 - 2010 = 575
 - 2011 (to date) = 1168
 - Integrated Health Home
 - Crisis Intervention Services
 - Peer Support programs:
 - Consumer Peer Support
 - Parent Peer Support
-

Medicaid Members and Provider Ethnicity

Ethnic Background	Members	Providers
White	73%	69.81%
Hispanic or Latino	13%	0.96%
Black or African American	8%	1.47%
Native American		0.38%
Asian/Pacific Island		2.17%
Other	6%	1.40%
Not Reported		23.80%

Member and Provider Languages Spoken



Cultural Competency

- Spanish Versions of Member Materials
 - Pay for Interpreters
 - Use Pacific Interpreters Translation Services
 - Provide access to TDD (Telecommunications Device for the Deaf)
 - Cultural Competency Work Plan and supporting committee
 - Member Satisfaction Assessed Through Annual Survey & Complaint Analysis
 - Annual Cultural Competency Continuing Education offerings and other required Cultural Competency Training for all Staff
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Opportunities for Public Input

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- Advisory Committees
 - Roundtables
 - Transition Committee for BHIS
 - Stakeholder Circles

Input Opportunities

■ **Advisory Committees**

- ❑ Advise on specific issues regarding the Iowa Plan
- ❑ Contractually required – members approved by Departments

■ **Subcommittees**

- ❑ Subcommittees of QIC
- ❑ Membership includes Magellan staff who represent various departments

■ **Service-Specific Roundtables**

- ❑ Further the development of particular services across the state
- ❑ Identify and implement best practices, address barriers, bring new ideas, and share experiences

■ **Stakeholder Circles**

- ❑ Networking opportunity specific to particular demographics and constituencies
 - ❑ Open invitation to anyone interested
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Communication Loops Through...

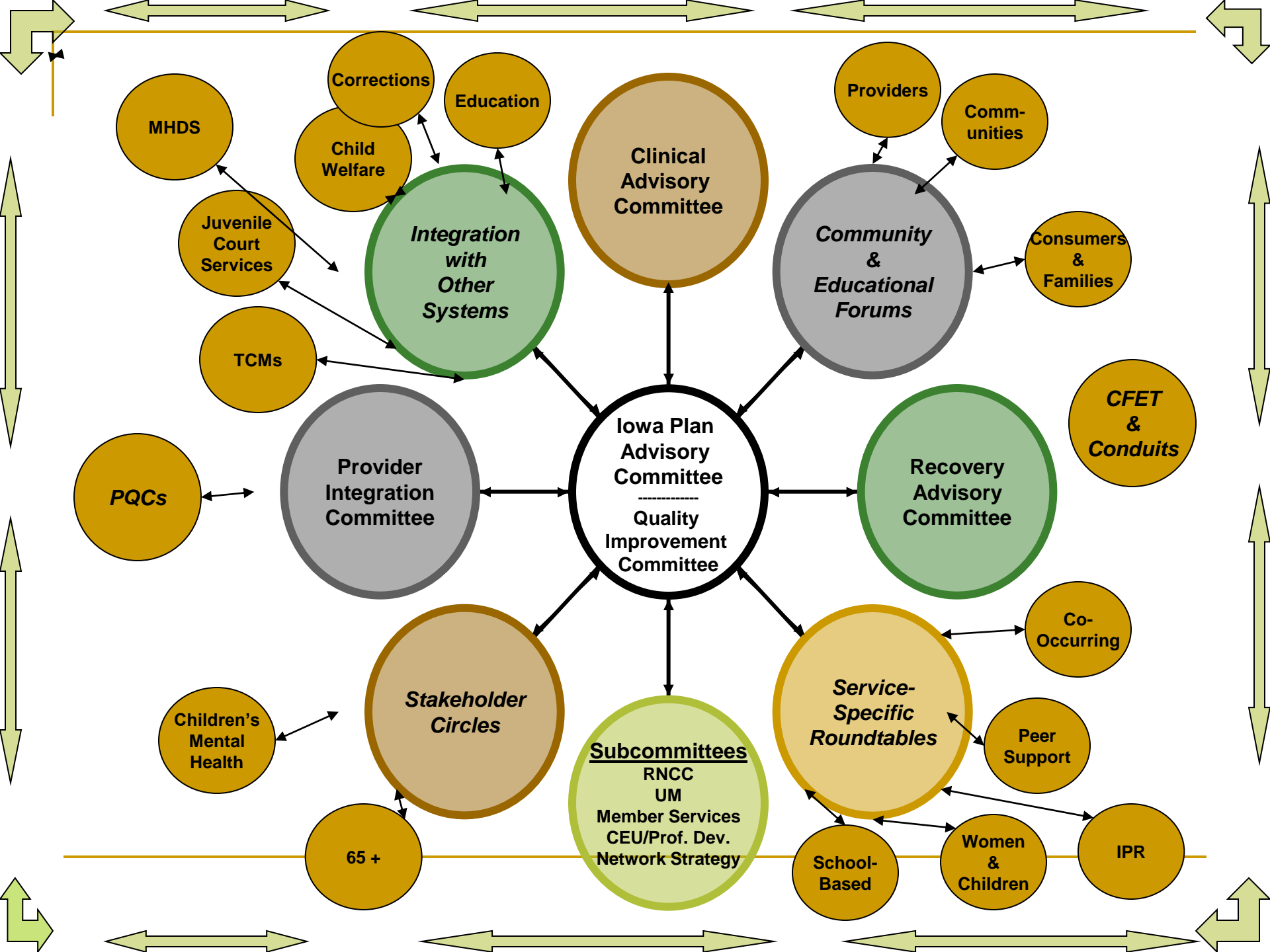
■ Iowa Plan Advisory Committee

- ❑ Appointed by Departments
 - ❑ Advises on strategic and operational issues
 - ❑ Provides ongoing public input into Iowa Plan evolution
 - ❑ Reviews the annual Quality Assessment and Performance Improvement Plan
 - ❑ Provides input to the Departments on annual Quality Improvement Goals and periodic review of performance relative to those goals;
 - ❑ Reviews year-end performance relative to the QA Plan, including review of the Performance Indicators;
 - ❑ Provides feedback on operational issues being experienced by consumers, family members, and/or providers, and
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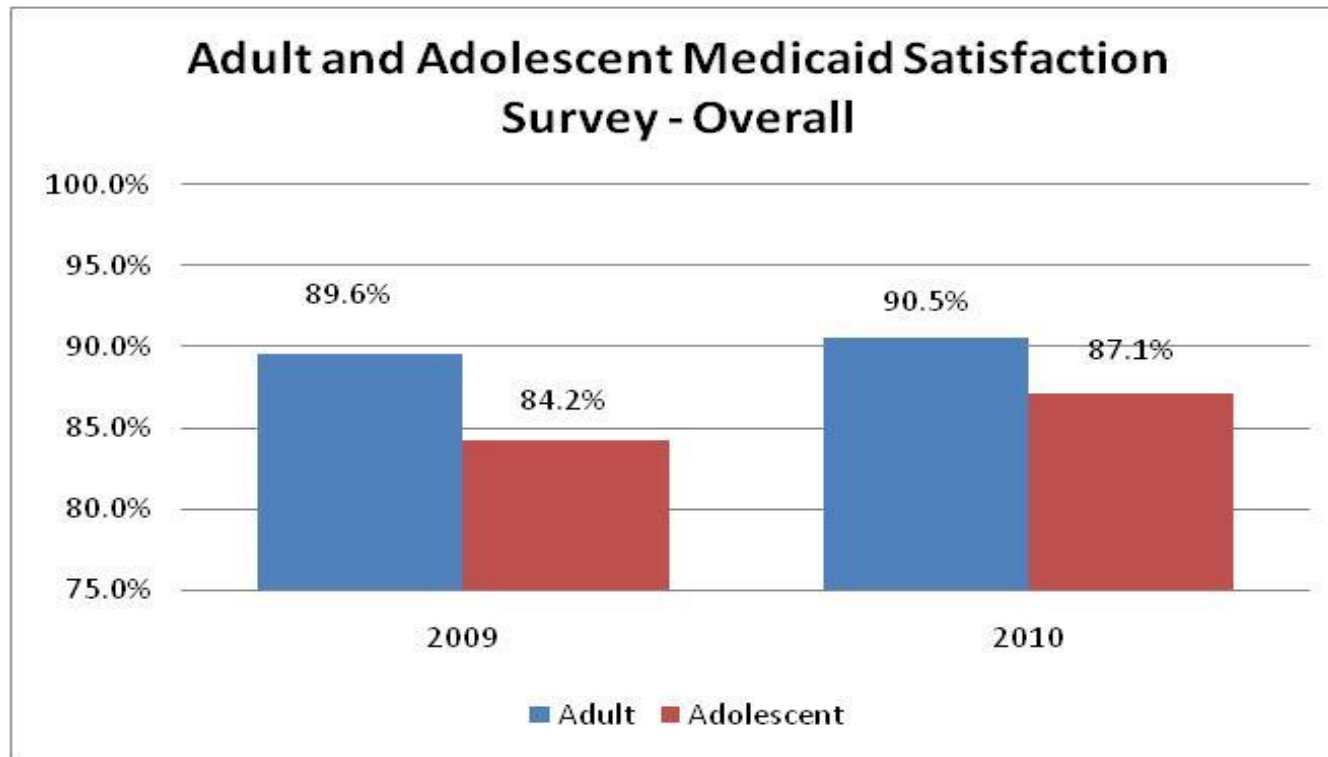
Communication Loops Through...

■ **Quality Improvement Committee (QIC)**

- ❑ Magellan, Departments, Providers, Consumers, and Family Members
 - ❑ Authority over the Iowa Plan QI Program
 - ❑ Review, evaluation, and documentation of all QI initiatives
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Member Satisfaction with Magellan



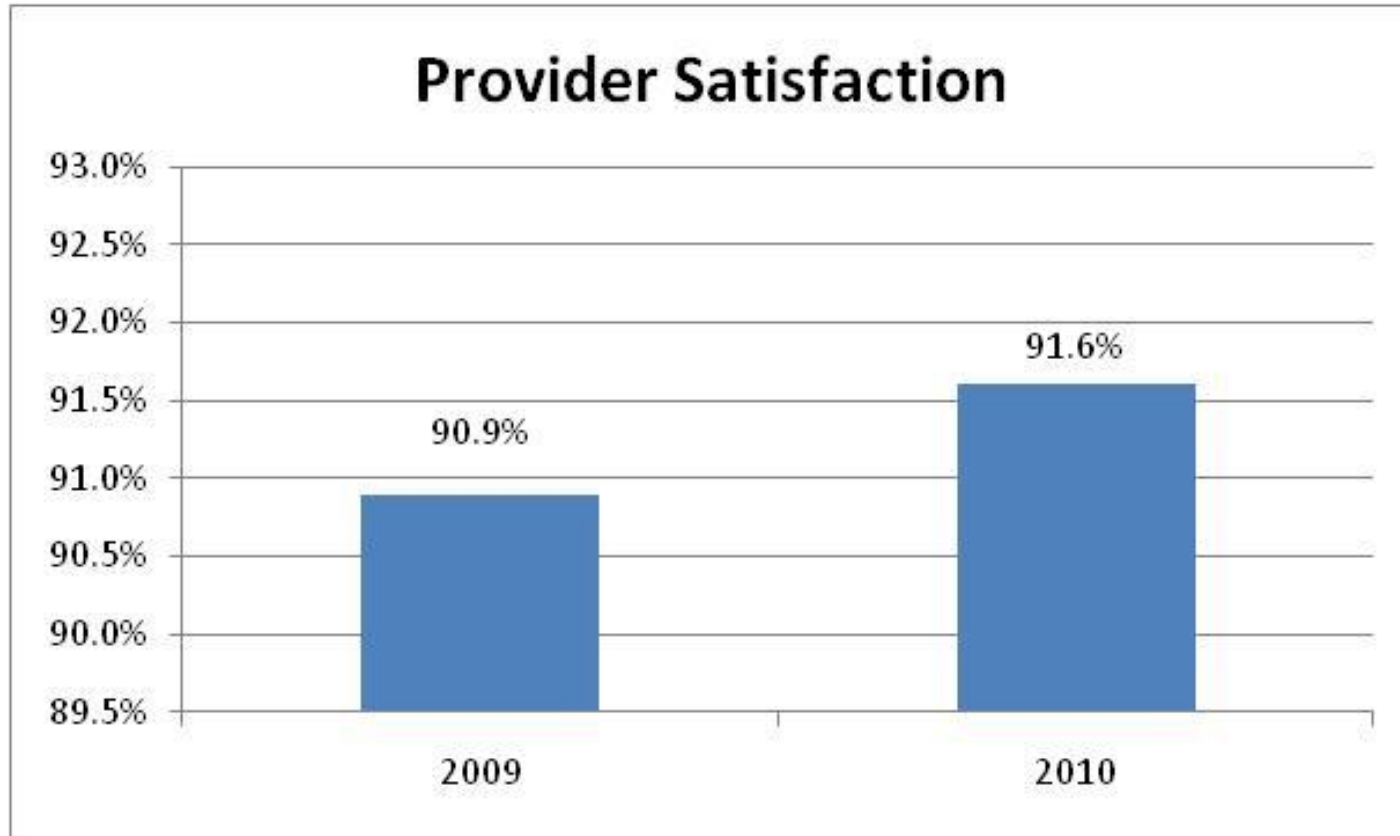
The Iowa CMC Member satisfaction scores have improved between 2009 - 2010.

Member Satisfaction with Magellan Providers

Adult and Adolescent Member Satisfaction Survey

Question	Adult		Adolescent	
	2009-2	2010-2	2009-2	2010-2
I liked the services I received from my provider.	87.2%	88.1%	85.9%	86.3%
I was able to see a psychiatrist when I wanted to.	75.6%	77.4%	76.8%	77.9%
Staff members were sensitive to my cultural background (race, religion, language, customs, etc)	79.6%	84.9%	84.1%	86.6%
I, not a staff member, decided what my treatment goals should be.	68.0%	73.3%	84.3%	84.9%
My child was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)			53.4%	56.4%

Provider Satisfaction with Magellan

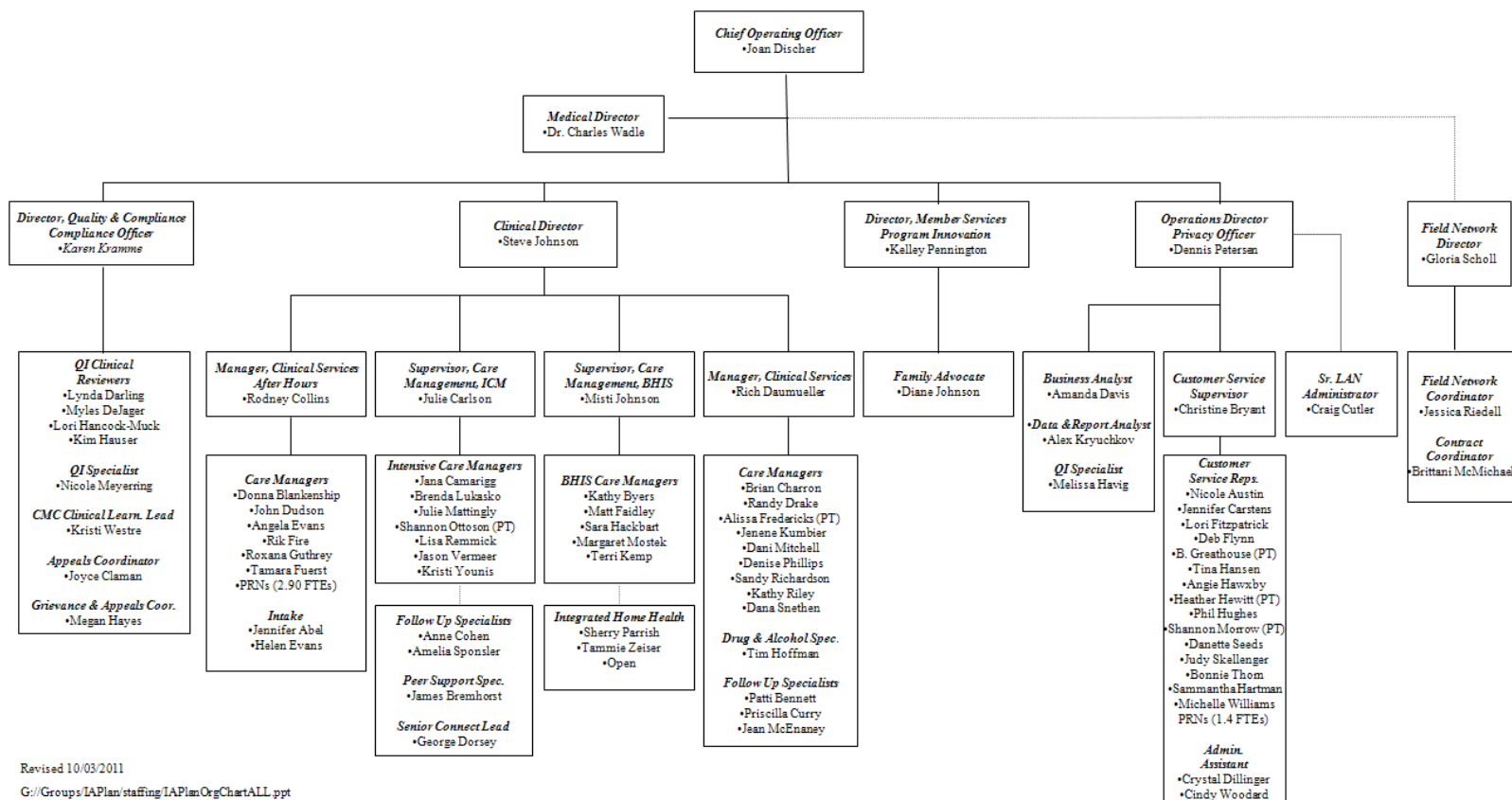


Input from the Iowa Plan

Customers

- Operational discussions – as needed and often daily
 - Monthly Quality Improvement Committee
 - Monthly Iowa Plan Operations Committee
 - Quarterly Iowa Plan Advisory Committee
 - Participants in all Community Opportunities for Input
 - Collaborative Quality Improvement Projects
 - Accreditation & Regulatory Support
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Organizational Structure



Revised 10/03/2011

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Capitation Break-Out for Medicaid and DPH ASO Fee

Medicaid - Full Risk

Clinical

85.0% = Services/Claims Costs

2.5% = Community Reinvestment
Fund

12.5% = Administration/Profit/
Overhead

BHIS

94% = Services/Claims Costs

6% = Administration/Profit/
Overhead

DPH – ASO fee

97.1% = Services

2.9% = Administration

Magellan of Iowa

Making a
Difference in the
lives of Iowans
TOGETHER

